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THE DEVELOPMENT OF A MENTAL HEALTH EDUCATION PROGRAM FOR INDEX PERSONNEL

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Public health workers have long been cognizant of the mental health components of much of their work. Various disciplines have participated in conferences, institutes, and workshops directed toward the develop-

ment of sensitivity to mental health concepts inherent in staff relationships, and in the relationships with those they serve.

This article will trace the development of a four-year pilot program of

community mental health education carried on by the Los Angeles City Health Department with funds provided by National Institute of Health grants administered through the California State Department of Mental Hygiene.

In March 1956, the California State Department of Mental Hygiene as the State Mental Health Authority, distributed a statement to various agencies outlining procedures for applying for NIH funds. Among the purposes for which funds were available were development and support of community mental health services, and training of personnel for extramural or outpatient mental health programs.

Requirements for programs included: comprehensive community planning for mental health; indication of community readiness to accept and support mental health activities; broad, long range planning for maximum community benefit with gradual assumption of financial responsibility for the program by the sponsoring agencies; and opportunity "for training of psychiatric professional groups as well as participation in education of teachers, nurses, physicians and others who work in community services affecting the mental health of the entire community."

San Fernando Valley Selected for Pilot Program

All of these requirements could be met in Los Angeles, but more specifically in the San Fernando Valley Dis-

Oral Vaccine for Type I Poliovirus Licensed, Not a Substitute for Salk Vaccine

The granting of a license to manufacture live, oral polio vaccine, Type I, developed by Albert Sabin, M.D., was announced August 17 by Luther L. Terry, M.D., Surgeon General of the U.S. Public Health Service.

The California State Department of Public Health welcomes the licensing of this additional weapon against paralytic polio. However, until all three types of poliomyelitis virus are included in an oral vaccine, the Department can recognize the newly licensed vaccine only as a supplement to the Salk vaccine. It cannot be regarded as a substitute for the Salk vaccine, which provides protection against all three types of paralytic poliomyelitis; nor does the Department consider the single type Sabin oral vaccine as meeting the requirements of the compulsory school vaccination law (Assembly Bill 1940).

The Department considers the oral vaccine safe and effective. Its

most important use will be in communities where there is threat of an epidemic of Type I.

According to the Public Health Service, Type I has been responsible in recent years for between 60 and 70 percent of all paralytic polio in the country. However, a sampling of virus isolations from paralytic cases this year suggests that Type III may be increasing in relative importance as a cause of paralytic disease.

It may be several months before Type III is licensed. Type II oral vaccine will probably be licensed in the near future.

The California State Department of Public Health and the members of its Ad Hoc Committee on the Prophylaxis of Poliomyelitis join Dr. Terry in his public statement that "it is of the highest importance that vaccinations continue with the Salk vaccine which is the only weapon we have today to provide protection against all three types of polio."

trict which was selected for a "pilot" program.

Health department involvement in community mental health education activities is not new. Many departments have had such experiences. In fact, from 1948 until 1950 the Los Angeles City Health Department employed a full-time psychiatrist to develop a broad program of education and consultation.

The present program, which began in 1957, differs in its utilization of psychiatrists and behavioral scientists from outside the health department with the program planning being directed by the department.

The objective of the program was not to develop amateur psychiatrists, but rather to sensitize community leaders to some of the general principles and problems related to emotional health and human relations.

The San Fernando Valley was hard pressed for mental health services as a result of the phenomenal doubling of population in ten years to a total of over 700,000 persons spread over 200 square miles. The resultant pressures on the limited mental health services and the almost insuperable difficulties of transportation to facilities outside the area, created many serious problems. The valley also had a newly formed welfare planning council which was considering these problems. In addition, two infant voluntary mental health agencies were just developing. One, a branch of the Southern California Mental Hygiene Association, was concerned with all aspects of mental health; the second, the Mental Health Services Board, was primarily interested in the development of out-patient clinic services in the Valley.

After considerable delay, due to the overwhelming number of program requests, the State Department of Mental Hygiene allocated \$6,000 for a community mental health education program. The funds covered psychiatric consultation, a half-time clerk, and educational materials. The San Fernando Valley District health officer was assigned to direct the program. The health department's director of health education and the district health educator were given

responsibility for program planning and coordination.

Objectives Developed

A planning committee, comprised of representatives from the two mental health associations, the Valley Area Welfare Council, and the health department, was established and developed the following general objectives:

1. To provide educational opportunities in mental health principles to those lay and professional groups in the Valley who daily function in a supervisory or consultative capacity.
2. To serve as a demonstration mental health education project for future programs of this type in other communities.
3. To serve as a stimulus for the support of existing mental health resources and the development of additional resources by the community.

After various meetings the committee agreed on the following method to accomplish the above objectives:

1. Key leaders at all levels would be contacted to seek their views as well as their active participation in the planning, implementation, and evaluation of the program.
2. Planning meetings would be set up with these key group representatives by the joint committee. At these meetings the type of educational program best suited to the distinctive needs of the group involved would be selected, i.e., study groups, seminars, institutes, lecture series, case studies and or workshops.
3. The size of the groups taking part in the programs would by necessity be determined by the educational method utilized, i.e., group discussions should be kept to a maximum of twenty persons for the most effective use, while larger groups could have as many as 150 or 200 participants.

The committee then established an inventory of groups of "index people" who would be approached to

participate. These were people who seemed to be in a particularly favorable position to affect the emotional development of others. They were:

Ministers

Industrial plant nurses
Public school personnel
Religious sponsored school personnel
Welfare agency employees
Youth group leaders
District public health nurses
Parents
Private physicians
Nursery school personnel
Labor and management representatives

Programs Planned for Index Groups

The first year, programs were planned for the first seven groups of index people. Thirty-two sessions were held, in which services of nine different psychiatrists were used. In the second year, additional groups were reached, including a group from labor. Programs extended from a large one-day conference with sub-discussion groups to intensive two-week, all-day workshops. Some meetings were held at night, others on Saturdays. Each group established its own leader to see that its own program structure was adhered to.

Invariably, the groups developed an educational approach with subject matter similar to that outlined in the Milbank Fund report¹ and that outlined by Zimmerman.² Content covered the essentials of emotional maturity, the development of a mature personality, experiences which contribute to unhealthy personality, symptoms of unhealthy personality trends, anxiety, types of emotional illness, essentials of psychopathology, the nature of professional relationships, and what professional persons can do to promote healthy emotional growth.

The programs were quite varied. Some were fairly unstructured discussions led by psychiatrists or psychologists while others included intensive presentations by skilled consultants from the fields of psychiatry, psychology, sociology or education. In others, a combination of several educational techniques was used. The focus, although centered on the broad field of

mental health, ranged from the general area of human relations through the specifics of working with the emotionally disturbed. Specific subjects covered such things as: the social worker and the unwilling client; labor and the problems of alcoholism, aging and mental illness; in-service training for health department nursing staff on common emotional problems encountered in daily activities. An opportunity was provided throughout for participants to explore their own feelings and attitudes and to develop insight into how feelings and emotions affect function and productivity.

Later the Valley Mental Hygiene Association set up a series of parent education discussion groups. This Association was of inestimable aid in assisting in screening and securing the proper resource psychiatrists for programs. For instance, the ministers were fearful a psychiatrist would not be familiar with pastoral counseling problems. A psychiatrist who had had considerable experience with ministers was found and agreed to participate in the program. The ministers and the psychiatrist later agreed they had learned a great deal about each other's responsibilities and competencies.

Program Evaluation

An evaluation after the second year disclosed that many groups desired persons other than psychiatrists for consideration of certain topics. In the subsequent renewal of the contract, the State Department of Mental Hygiene agreed to the inclusion of behavioral scientists in the program.

The planning committee had anticipated some difficulty in interesting busy public school administrators in a program which carried no academic credit and would not contribute to required in-service training points toward salary increments, but forty-four principals signed up and attended almost every session in an eight week series. They participated in discussions of how to handle the emotionally disturbed teacher, the emotional needs of administrators, and similar topics.

As intended by the original provisions of the grants, the close working relationship with the Valley Mental Hygiene Association helped strengthen

their program. Ample opportunity was provided for the "index" people to learn of the association's objectives and needs. This association and the other voluntary mental health association, the Mental Health Services Board, integrated their efforts and, through joint encouragement and support, the State Department of Mental Hygiene established a once-weekly clinic utilizing a health department health center. This clinic has since been expanded until it now operates daily and its staff also carry on an educational program with community groups.

A number of intangible relationships grew out of the program. Ministers, labor leaders, teachers, administrators, health department staff, school teachers and nurses learned to communicate with each other and with specialists in the field of mental health.

Utilization of a variety of evaluation techniques disclosed that without exception the expectations of participants were largely realized. Findings from this first year's evaluations have since been incorporated into subsequent programs.

The health department administrators saw value in such in-service training of its own staff and have embarked on further education of staff in mental health principles, utilizing the professional consultation service available under the Short-Doyle Act services established under the Los Angeles County Mental Health Authority.

The health education staff developed better understanding of what groups want to know about mental health. They also made every attempt to evaluate what Griffiths described as the participants' reactions "based on their value systems".³ Ginsburg and others have questioned the efficacy of "changing attitudes by educational measures", but he did express the belief that "permeating related professional fields . . . represents one of the most important and useful mental hygiene approaches . . . based on the entirely valid idea that members of these professions exercise great influence on others . . ."⁴

The Los Angeles City Health Department gained considerable esteem

in the valley community during its planning sessions with such varied groups. These groups gained a new understanding of public health, which some of them thought was only concerned with the control of communicable disease.

The department has benefited from the discovery of many excellent individuals who have become a resource for other programs. Considerable enthusiasm was also engendered for more effort in mental health by groups who have proceeded on their own to plan programs in the field of mental health education. They have learned they can look to their public health department for guidance in such planning.

Conclusion

Groups of "index" people exist in every community who are in positions to help others develop healthier personalities. These "index" persons have many and varied contacts with large segments of the population. They are in a position to interpret basic mental health principles and to

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communicate knowledge and understanding of some of the problems of human behavior.

Such "index" people seem receptive to programs planned around the needs of those they serve. Health departments have traditionally worked with the community in planning educational programs. The problem of emotional health is the concern of health departments and they can play a strategic role in involving key community groups in planning and carrying out interesting, informative and constructive programs directed toward the concerns of such groups.

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A relatively simple new test for blood fats may be suitable as a screening procedure for those prone to heart and blood vessel disease, the UCLA Medical School has reported.—*University of California Clip Sheet*, June 6, 1961.

Epidemiological Note—Poliomyelitis*

The incidence of paralytic poliomyelitis continues at a record low level throughout the United States although we are now well into the poliomyelitis season. This low incidence during 1961 to date thus continues with cumulative figures lower than at any comparable time in recent years.

Cumulative totals for the first 30 weeks through July 29, 1961, now stand at 327 cases, of which 207 are paralytic. For the same period in 1960 there were 837 cases, 609 paralytic. The table below presents cumulative totals through the 30th week for the past five years. These figures are taken from the CDC Poliomyelitis Surveillance Report No. 232, August 4, 1961.

Poliomyelitis Cases (Cumulative) for Weeks 1 Through 30 for 1957 Through 1961

	1961	1960	1959	1958	1957
Paralytic	207	609	1342	550	835
Total	327	837	2040	1092	2270

In harmony with the low national incidence of paralytic poliomyelitis, California is experiencing a reported low incidence of this disease. As of August 5, 1961, 45 paralytic cases have been reported, compared with 166 in 1960 and 134 in 1959.

Individual case reports have been received on 37 paralytic cases having onset of illness in 1961. Sixty-two percent of the cases have been in children under 15 years of age, with 35 percent in the pre-school age group, 0-4 years of age. The immunization status of the 37 individuals was as follows: 51 percent had never had

* All data are provisional and should be so evaluated.

any vaccine at all, 24 percent had only one or two doses, 8 percent had three doses and 14 percent had four or more doses of vaccine. Clearly the majority of cases (76 percent) now occur in the unvaccinated or inadequately vaccinated individuals. Age distribution and vaccination status are shown below.

Demonstrating that age should not be a factor in the decision of whether to seek protection against poliomyelitis, three deaths from paralytic poliomyelitis have occurred in California so far this year. One was in a non-vaccinated 36-year-old woman in Alameda County; one in a 33-year-old man in San Francisco who had received his first injection nine days prior to his death and one in a 24-

year-old boy from Kern County who had received only one injection.

Contrary to last year so far in 1961 the San Francisco Bay Area has reported more cases than the greater Los Angeles area. As of August 5, 1961, 18 paralytic cases have been reported from the San Francisco Bay Area and 13 from the greater Los Angeles area. However, in 1960 the figures as of that date were 21 and 78 respectively. While California has experienced a 73 percent decrease in reported paralytic cases from 1960 to 1961, for the comparable time period the number of cases in the greater Los Angeles area decreased 83 percent

PARALYTIC POLIOMYELITIS BY AGE AND VACCINATION STATUS CALIFORNIA, JANUARY 1-AUGUST 5, 1961

Age Group	Total Cases	Vaccination Status					Unknown
		No Vaccine	1 Dose	2 Doses	3 Doses	4+ Doses	
Total	37	19	4	5	3	5	1
0-4	13	5	3	3	-	2	-
5-9	7	2	-	1	2	2	-
10-14	3	1	-	-	1	1	-
15-19	3	2	-	1	-	-	-
20-24	3	3	-	-	-	-	-
25-29	1	1	-	-	-	-	-
30-34	2	1	1	-	-	-	-
35-39	1	1	-	-	-	-	-
40-44	2	1	-	-	-	-	1
45-49	1	1	-	-	-	-	-
50+	1	1	-	-	-	-	-

SOURCE: Case reports (ACD-2112) received through August 5, 1961

and the San Francisco Bay Area decreased 14 percent. However, there is no evidence of any concentration or unusual accumulation of cases in any one given area.

Although a distinct seasonal increase in cases would normally be anticipated by this time of year, so far this has not occurred within California or nationwide.

Vaccine Shortage

Several health officers have informed us of shortage of poliomyelitis vaccine in their respective areas which may lead to curtailment of vaccination programs. A check by the State Health Department with local representatives and manufacturers at the end of July revealed that such a shortage does exist. At present only two companies appear to have vaccine available (Lilly and Pittman-Moore). It is expected that production of Salk vaccine will resume in the fall, making available an ample supply at that time.

Cancer Field Research Program Announced

A unique, 3½-million-dollar cancer field research program will be established this fall by the California State Department of Public Health to launch a systematic, four-prong attack on California's cancer problem. The Department will develop the most comprehensive field investigation of cancer ever undertaken by a state, a coordinated program of studies of cancer in man and animals.

The five-year project, financed by the National Cancer Institute, will include human cancer epidemiology, epizootology, virus studies, and studies of physical and environmental stresses which may cause cancer.

The program, with headquarters at the California State Department of Public Health in Berkeley and field work concentrated in Alameda and Contra Costa Counties, will conduct investigations in the following areas:

1. *Human Cancer Epidemiology:* to determine the personal characteristics and background, as well as the environmental conditions, which may distinguish groups of cancer patients from

comparable groups of people who are free of cancer. This program will concentrate on a study of up to four sites of cancer at a time, initially cancer of the breast and uterus.

2. *Viral Studies:* continuation of attempts to isolate cancer agents from human and animal tissues. Intensive chemical tests will be conducted to determine the possible presence of biochemical and biophysical differences between cancerous and normal tissues.

3. *Epizootology:* to study cancer in dogs, cats and certain species of birds; to investigate leukemia or leukemia-like disease in dairy cattle and other species of animals; and to explore the possibility of studying cancer in wild life—skunks, foxes, coyotes, and smaller species.

4. *Physical and Chemical Studies of the Environment:* the long-range objective of this part of the investigation is to study the relationship between some of the new substances in the environment and cancer. Immediate activities include the development of methods for estimating the exposure of people to radiation devices and to radioactive materials in food, water, and air; and the measurement of substances associated with air pollution. Other environmental agents to be studied include heavy metals that may cause cancer, and cooking and cutting oils.

The new cancer field research program will supplement the work in clinical research centers which are being established in several institutions throughout the country. It will support clinical research through studies of cancer as it occurs naturally in man and animals.

This is the largest research grant the State Health Department has ever received, and additional funds probably will be available next year for the construction of laboratory facilities.

Louis Hochberg Resigns From Staff

Louis Hochberg, consultant in the Bureau of Public Health Social Work of the State Department of Public Health, has resigned to accept a new position with the North Richmond Neighborhood House in Contra Costa County. Neighborhood House has received a three year grant from the Ford Foundation for coordinating services designed to upgrade the value placed on education in the segregated, socially disadvantaged community which it serves.

Mr. Hochberg's responsibilities will include counseling of children and families on problems of school adjustment in order to help the children more nearly achieve their academic potential. He will also work with local churches to promote public parent meetings concerned with school and education problems, and will assist with weekly parent institutes sponsored by Neighborhood House.

Mr. Hochberg is a graduate of San Diego State College and received his M.S.S.W. from the New York School of Social Work at Columbia University. He has been with the Department's Bureau of Public Health Social Work since February 1957, before which he worked for a year and a half in the Alcoholism Research Project of the Bureau of Chronic Disease.

Program to Eradicate Syphilis Goal of Task Force

A task force has been established to make recommendations to the Public Health Service for a program to eradicate syphilis as a public health problem. The five-member task force, headed by Leona Baumgartner, Commissioner of Health, New York City Health Department, was formed at the recommendation of the Public Advisory Committee on Venereal Disease Control, of which Arthur C. Hollister, Jr., Chief of Administrative Research, California State Department of Public Health, is a member.

It is expected that the task force will complete its mission and make its report prior to January 1, 1962.

DRINKING WATER STANDARDS REVISED

Luther L. Terry, M.D., Surgeon General, United States Public Health Service, has announced the first major revision of the Drinking Water Standards for the United States since 1946.

First promulgated in 1914, the standards form the basis for legally regulating the drinking water used on trains, airplanes, buses, and vessels in interstate commerce. They are formulated by a National Advisory Committee to the Public Health Service.

Because of their wide application and acceptance, the standards have served as a guide for control of water supplies generally throughout the country. This is especially true for California where the standards have been used as the basis of regulating public water supplies under permit.*

In the revised standards, requirements for water quality were generally raised. Few changes were made in bacteriological standards. Limits for certain chemical pollutants were added for the first time.

Also, for the first time, the standards include limits on concentrations of radioactivity in drinking water. These limits are as follows:

- Radium ²²⁶—
3 micromicrocuries per liter
- Strontium ⁹⁰—
10 micromicrocuries per liter
- Gross beta activity—
1,000 micromicrocuries per liter

With the continuing growth of population, industrial expansion, and manufacture of new synthetic chemical compounds, there is a need for setting safe and acceptable limits for new impurities in drinking water supplies. The current revision includes limitations on the following chemicals not previously regulated:

Alkyl benzene sulfonate (detergents), barium, cadmium, carbon chloroform extractables (exotic organic chemicals), cyanide, nitrate and silver. (Revision of chemical limits is shown in table below.)

The report sets forth general guidelines for water protection, including the requirement that drinking water contain no impurity which would offend sight, taste, and smell. Moreover, substances which may have deleterious physiological effects, or for which physiological effects are not known, should not be introduced into the water system in any way that would permit them to reach the consumer.

Although the growing problem of potentially harmful chemicals in sources of drinking water was recognized, the committee did not find it necessary to include limits for all the chemicals that have varying degrees of toxic potential. Consideration was given to the more common chlorinated hydrocarbon and organophosphate insecticides but the information available was not sufficient to establish specific limits for these chemicals. Moreover, the concentration of these chemicals, where tested, have been

below those which would constitute a known health hazard. The committee stated that pollution of water supplies with such contaminants can become significant, however, and urged that the problem be kept under closer surveillance. They recommended that regulatory action be taken to minimize concentrations of such chemicals in drinking water.

The committee which revised the standards was composed of representatives of thirteen scientific, professional, and industrial organizations, and three federal agencies. A technical subcommittee of U. S. Public Health Service officers was appointed to assist them. Henry Ongerth of the Bureau of Sanitary Engineering, State Department of Public Health, served on this subcommittee. A task force on toxicology was established to review the chemical standards.

Below is a table showing 1946 and 1961 chemical limits in drinking water:

DRINKING WATER STANDARDS; REVISION OF CHEMICAL LIMITS

	Recommended Maximum Limits * (milligrams per liter)		Concentrations which constitute grounds for rejection of supply (milligrams per liter)	
	1946	1961 Revision	1946	1961 Revision
Alkyl benzene sulfonate (Detergent) -----	--	0.5		
Arsenic -----	--	0.01	0.05	0.05
Barium -----			--	1.0
Cadmium -----			--	0.01
Carbon chloroform extract ----- (exotic organic chemicals)	--	0.2		
Chloride -----	250.	250.		
Chromium -----			0.05	0.05
Copper -----	3.0	1.0		
Cyanide -----	--	0.01	--	0.2
Fluoride -----	--	1.7	1.5	2.2
Iron—manganese -----	0.3	--		
Iron -----	--	0.3		
Lead -----			0.1	0.05
Manganese -----	--	0.05		
Nitrate -----	--	45.		
Phenols -----	0.001	0.001		
Selenium -----			0.15	0.01
Silver -----			--	0.05
Sulfate -----	250.	250.		
Total dissolved solids -----	500.	500.		
Zinc -----	15.	5.		

* Concentrations in water should not be in excess of these limits, when more suitable supplies can be made available.

Personals

Gordon R. Cumming, Chief, Bureau of Hospitals, State Department of Public Health, has been named a member of a newly-created committee to develop principles and recommendations on planning facilities for

long-term patient care. The 17-member committee, composed of national leaders in the long-term care field, is jointly sponsored by the American Hospital Association and the Public Health Service.

* In two respects California requirements are more restrictive than those of the USPHS. These are the mandatory limits for fluoride and for total solids.

Community Treatment Program For Parolees

The National Institute of Mental Health has approved \$238,102 to finance all the research aspects of a community treatment program for three years.

The community treatment program is an experimental one in which California wards of the court will be paroled early and treated in their home community instead of in California Youth Authority institutions. Parole agents will supervise small caseloads

and wards will be given the help of the same professional people which would have been available to them in institutions.

Initially, community treatment will be conducted only in Stockton and Sacramento.

A research team will keep close watch to determine the success of community treatment. If it succeeds in some manner approximating that expected by the Youth Authority, it will save millions of dollars which would otherwise be spent for new institution space.

World Health Conference At Los Angeles in October

Health problems of the "shrinking globe" of the jet age will be the topic of the first World Health Conference to be held at the University of California at Los Angeles October 6 and 7, 1961.

The conference is being sponsored by the American Association for the United Nations, Southern California State Council; Loma Linda University; Los Angeles Chamber of Commerce; Southern California Public Health Association; University of Southern California; and University of California at Los Angeles with the participation of the World Health Organization and Los Angeles County Medical Association.

An additional 100 medical, public health, and civic organizations serving Southern California are supporting the conference.

National and international authorities will discuss such global health problems as mental illness, heart disease, virus disorders, nutrition, and environmental problems of the new missile age.

A highlight of the two-day conference will be a dinner meeting at the Beverly Hilton Hotel with an address by M. G. Candau, M.D., Director General of the World Health Organization. Other internationally known speakers scheduled to appear are Dr. S. Btsh, Chief, Organization of Medical Care, WHO; Dr. John C. Cutler, Assistant Director of Pan American Sanitary Bureau and Dr. M. Sacks, WHO Liaison Office with the United Nations.

Inquiries concerning the conference should be addressed to Department K, University of California Medical Center, Los Angeles 24, California.

About 2.5 million people—one out of every thirty persons employed in this country—work at maintaining the nation's health. The 1960 Census may very well show that, within the last decade, the health field has risen from seventh to third place among major U.S. industries in terms of numbers of persons employed.—*Progress in Health Services*, Health Information Foundation, Vol. X No. 5.

REPORTED CASES OF SELECTED NOTIFIABLE DISEASES

California, Month of July, 1961

Cases reported
this month

Total cases
reported to date

Disease	1961	1960	1959	1961	1960	1959
Series A: By Place of Report						
Amebiasis	21	48	59	329	235	381
Coccidioidomycosis	8	8	30	96	131	157
Measles	1,512	1,369	2,404	36,309	20,433	38,357
Meningococcal Infections	24	16	19	147	126	139
Mumps	710	1,196	631	19,132	17,633	8,980
Pertussis	152	151	268	1,126	966	1,486
Rheumatic Fever	11	9	19	74	103	94
Salmonellosis	111	124	201	753	691	653
Shigellosis	130	205	186	1,107	1,060	935
Streptococcal Infections, Respiratory	753	1,663	1,316	10,668	20,316	14,071
Trachoma	-	4	-	4	84	21
Series B: By Place of Residence						
Chancroid	3	8	9	68	72	42
Conjunctivitis, Acute Newborn	2	1	-	6	12	3
Gonococcal Infections	1,827	1,624	1,772	12,908	10,633	9,687
Granuloma Inguinale	-	-	-	3	10	-
Lymphogranuloma Venereum	-	1	1	4	21	15
Syphilis, Total	534	711	662	4,272	4,574	4,070
Primary and Secondary	97	126	101	859	868	626
Series C: By Place of Contraction						
Botulism	-	-	-	-	-	2
Brucellosis	3	4	-	15	13	7
Diarrhea of the Newborn	-	-	2	25	6	16
Diphtheria	-	-	-	1	-	4
Encephalitis	34	64	43	280	339	234
Food Poisoning (exclude botulism)	11	325	92	1,371	1,061	972
Hepatitis, Infectious	525	365	205	3,601	2,371	1,489
Hepatitis, Serum	20	15	12	125	68	58
Leprosy	1	-	3	8	4	10
Leptospirosis	-	-	-	4	-	2
Malaria	-	-	3	6	-	17
Meningitis, Viral or Aseptic	77	89	120	309	302	321
Plague	-	-	1	-	-	2
Poliomyelitis, Total	7	48	47	49	171	143
Paralytic	6	43	39	40	152	120
Nonparalytic	1	5	8	9	19	23
Psittacosis	1	1	1	8	10	11
Q Fever	2	3	18	25	28	34
Rabies, Animal	12	9	8	139	75	61
Rabies, Human	-	-	-	1	-	1
Relapsing Fever (tick borne)	-	-	-	-	-	-
Rocky Mountain Spotted Fever	-	-	1	-	1	2
Tetanus	2	2	2	16	17	25
Trichinosis	-	-	2	9	1	4
Tularemia	2	-	1	4	2	1
Typhoid Fever	6	6	9	31	25	45
Typhus Fever (endemic)	-	-	1	3	-	1
Other *	-	-	-	-	-	-
Tuberculosis ¹	-	-	-	2,726	3,098	3,288

* This space will be used for any of the following rare diseases if reported: Anthrax, Cholera, Dengue, Relapsing Fever (house borne), Smallpox, Typhus Fever (epidemic), Yellow Fever.

¹ Tuberculosis cases are corrected to exclude out of State residents and changes in diagnosis; monthly figures are not published.

Public Health Positions

Humboldt-Del Norte County

Public Health Nurses: Salary range, \$439-\$549. Some positions start at \$464. Generalized program. County car furnished. Requires California registration, graduation from NLN-approved program in public health nursing. PHN experience preferred, but not required. No age limit.

Apply to: Director of Nurses, Humboldt-Del Norte County Health Department, 805 Sixth Street, Eureka, California.

Imperial County

Public Health Officer: Salary \$12,000 annually. Requires a license to practice medicine in California or eligibility for such a license. Administrator of the public health program in a county of over 70,000. Completion of one year of graduate work in a recognized school of public health and two years full-time experience in an administrative capacity in a full-time health department desired. Apply to Albert J. Habberger, County Administrator, County Courthouse, El Centro, California.

Kern County

Sanitarian: Annual salary range \$5,196-\$6,324 dependent upon qualifications. Requires California registration as a sanitarian or eligibility for such registration. Generalized sanitation program.

Clinical Psychologist: Annual salary range \$7,692-\$9,348 dependent upon qualifications. Requirements: completion of a Ph.D. degree in clinical psychology from a school approved by the American Psychological Association and one year of experience in the practice of clinical psychology.

For detailed information about these positions write to the Kern County Personnel Department, Civic Center, Bakersfield, California.

San Joaquin County

Microbiologist: Salary range \$455-\$553. Requires possession of valid California Public Health Microbiologist Certificate. Starting salary dependent upon qualifications and

experience. Forty-hour week. Laboratory staff includes three professional and three non-professional positions.

Employee benefits include a combined State and Social Security retirement plan; 15 days annual vacation; 11 paid holidays; 12 days annual sick leave, cumulative to 90 days; District contributes toward pre-paid medical plan.

Further information and application forms may be obtained from Jack J. Williams, M.D., District Health Officer, San Joaquin Local Health District, P. O. Box 2009, Stockton, California.

San Mateo County

Public Health Microbiologist: Salary range, \$439-\$549. Requires certificate as public health bacteriologist and dairy bacteriologist. Apply Civil Service Commission, Court House, Redwood City.

Sonoma County

Public Health Nurse: Salary range, \$429-\$515. May start at second or third step, depending on qualifications. Certification as a public health nurse in California is required.

Health Analyst: Salary range, \$449-\$539. Candidates may qualify to start at second or third step. Minimum qualifications: graduation from an accredited college or university with specialization in statistics in public health or a closely related field. Some full-time, paid experience in technical work with statistics is desirable.

Public Health Microbiologist: Salary range, \$429-\$515. May start at second step

or third step, depending on qualifications. Possession of a Public Health Microbiologist Certificate issued by the California State Department of Public Health is a minimum requirement.

Director of Health Education: Salary range, \$470-\$564. May start at second or third step, depending on qualifications. MPH or one year graduate study in public health and one year of experience is required.

All positions offer excellent working conditions, 15 days annual vacation and 12 days sick leave. Contact: Sonoma County Civil Service Commission, Room 110, 2555 Mendocino Avenue, Santa Rosa, California.

State Schools Awarded Grants For Public Health Training

Four new project grants for graduate training in public health have been awarded to California schools by the Public Health Service under legislation enacted by Congress in August 1960.

The four grants, totaling \$105,597, constitute a third of those approved throughout the entire United States. The largest grant, \$47,202, was made to the School of Public Health at the University of California in Los Angeles for training in public health administration. A second grant for \$27,812 to the same school is for training in the field of medical care. A \$19,983 grant to the University of California School of Nursing is in the field of public health administration, and the fourth, for \$10,500, goes to Chico State College School of Nursing for provision of graduate training in public health nursing.

Meetings Scheduled

October 6-7	World Health Conference, Los Angeles
October 26-28	California Association of Medical Technologists, Annual Meeting, Monterey
November 13-17	American Public Health Association, Annual Meeting, Detroit

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